

Case 2:07cv04084-JHE Document 1-1 Filed 07/10/07 Page 51 of 5  
Midtown Medical  
1918 Randolph Road  
Suite 600  
Charlotte, NC 28207



Arthritis & Osteoporosis  
Consultants of the Carolinas

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[www.AOCC.MD](http://www.AOCC.MD)

Open Office  
7810 Ballantyne Commons Parkway  
Suite 300  
Charlotte, NC 28277

Patient Name: Nathaniel Dunlap  
DOB: 06/09/1988  
Address: 1045 Pepperwood Place  
Clover, SC  
29710-

Today's Date: 02/05/2018

To Whom It May Concern:

Nathaniel Dunlap is currently under my medical care for a diagnosis of systemic lupus erythematosus with suspected neuropsychiatric (CNS) involvement. His lupus was diagnosed in 2007 at the University of Pittsburgh and has been complicated by 3 major flares characterized as confusion, cognitive decline and stroke-like symptoms. His lupus responds well to immunosuppression and he is currently prescribed Plaquenil 200mg twice daily + CellCept 1000mg twice daily. It is critical that he remain on his current medication regimen so that his lupus remains stable and no further CNS damage occurs. If you require additional information please contact our office.

Sincerely,

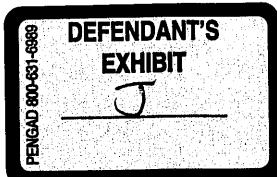
Provider: Ashley L. Toci MD 02/05/2018 10:04 AM

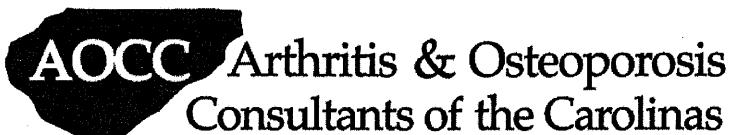
Document generated by: Ashley Toci 02/05/2018

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Dunlap, Nathaniel 000007014221 06/09/1988 02/05/2018 09:45 AM Page: 1/1





1918 Randolph Rd. Suite 600  
Charlotte, NC 28207

**PATIENT:** Nathaniel Dunlap  
**DATE OF BIRTH:** 06/09/1988  
**MRN#:** 000007014221

**DATE OF SERVICE:** 1/19/2018  
**VISIT TYPE:** Consult

#### HISTORY OF PRESENT ILLNESS

This is a 29 year old male that presents with:

Dear Dr. Denson:

Thank you for sending Nathaniel Dunlap for evaluation of systemic lupus erythematosus. Please find my dictation below which summarizes my findings, as well as the proposed evaluation and treatment.

Nathaniel is a 29-year-old male who presents at the request of his primary care provider, Dr. Denson, for further evaluation of systemic lupus erythematosus. He is accompanied today by his mother. Nathaniel states that in 2006 he began to develop episodes of blurred vision, dizziness, a numb feeling throughout the body, short-term memory issues, sporadic pain and cognitive dysfunction. His workup was remarkable for a positive ANA and he was eventually referred to rheumatology at UPMC for further evaluation. Additional testing confirmed a positive ANA as well as a positive SSA antibody. He was also noted to have a positive cardiolipin antibody. He was given a diagnosis of systemic lupus erythematosus with suspected CNS involvement and has been treated with multiple medications in the past including prednisone (as high as 40 mg p.o. daily), hydroxychloroquine, azathioprine and mycophenolate mofetil. He states his symptoms stabilized on hydroxychloroquine as well as mycophenolate mofetil and he did well for many years. He moved from Pittsburgh Pennsylvania to Charlotte North Carolina in 2015 and established with a new rheumatologist in Rock Hill, South Carolina. He states that because his labs have been "unremarkable" and brain imaging has been normal, his new rheumatologist did not feel he truly had CNS involvement from his systemic lupus erythematosus and discontinued his CellCept. Unfortunately this past October he developed another flare which he describes as worsening confusion and cognitive decline. Nathaniel attributes this to being off his CellCept and subsequently resumed this on his own several months ago, currently at 1000 mg daily. Since then he states his symptoms have improved, although he still does not feel as though he's returned to his baseline. He continues to struggle with significant fatigue and memory issues as well as "feeling like I'm not awake." He was recently evaluated by a neurologist and a repeat MRI of the brain was entirely normal. He continues to endorse a numb feeling throughout the body and states previous EMGs have been normal. He has remained on Plaquenil since his initial diagnosis but has not had an eye exam in several years. Over the last few months he has noticed skin rashes on his face which he states were also present at the time of his initial diagnosis; he is currently treating this with topical steroids. He denies fevers, unintentional weight loss, infections, hair loss, oral/nasal ulcers, chest pain, shortness of breath, history of serositis, abdominal pain, melanotic or bloody stools. He denies significant joint pain, swelling or stiffness. He denies a history of blood clot or Raynaud phenomenon.

His past medical history is otherwise remarkable for bipolar disorder. Overall he states his bipolar disorder has remained stable on Zyprexa, however, several months ago he experienced a manic episode. His mother states this was complicated by inappropriate behavior on the computer and he is now facing possible jail time because of this. They are hopeful his lupus can be stabilized before his possible incarceration. He is a former smoker and quit when he moved to Charlotte 2 years ago. He denies excessive alcohol use or illicit drug use. He states his mother and father both have rheumatoid arthritis.

Review of systems: Remaining systems negative with the exception of those stated in the history of present illness.

A review of his outside records was performed. His most recent labs on 10/19/17 were remarkable for a CBC with normal WBC 3.9, hemoglobin 16.8, hematocrit 48, platelets 240; CMP with normal creatinine 0.97, slightly elevated AST 58 and ALT 76; normal ESR 1 and CRP 2.3; normal C3 1.48 and C4 3.0; negative ribosomal P antibody and smooth muscle antibody; SPEP without abnormal protein bands seen. Labs on 12/28/17 were remarkable for a normal CBC with WBC 6.3, hemoglobin 17.2, hematocrit 51, platelets 234; CMP with normal creatinine 0.7, slightly elevated AST 47 and ALT 67, normal alkaline phosphatase 89, total protein 8.4, albumins 5.1; negative Quantiferon gold; negative hepatitis B surface antigen, hepatitis B core antibody; positive hepatitis B surface antibody consistent with previous immunization; negative hepatitis C antibody. MRI of the brain on 1/3/18 with and without contrast was normal.

Days of Work Missed Last Month: 0

#### PROBLEM LIST

Problem Description	Onset Date	Chronic	Notes
SLE - Systemic lupus erythematosus	N		Dx in 2007 at UPMC; +ANA, +SSA, weakly positive RF, +aCL, skin rashes, suspected APS and CNS involvement Tx history: Plaquenil, Imuran, CellCept

#### ALLERGIES

Ingredient	Reaction	Medication Name	Comment
SULFA	Unknown		
(SULFONAMIDE ANTIBIOTICS)			
Reviewed, updated.			

#### MEDICATIONS (Active prior to today)

Medication	Instructions	Started	Elsewhere
CellCept 500 mg tablet	take 2 Tablet by oral route every day		Y
Plaquenil 200 mg tablet	take 1 tablet by oral route 2 times every day		Y
Zyprexa 2.5 mg tablet	take 1 tablet by oral route every day		Y
Effexor XR 150 mg capsule,extended release	take 1 capsule by oral route 2 times every day		Y
Ativan 1 mg tablet	take 1 tablet by oral route every day as needed		Y
aspirin 325 mg tablet	take 1 tablet by oral route every day		Y

#### Medication Reconciliation Details

Medications reconciled today.

Completed with information received for patient in a summary of care record.

Completed with information received for patient transitioning into care.

#### PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/Disorder	Onset Date	Comments
Bipolar 1 disorder		
Depression		
Fatty liver		
SLE - Systemic lupus erythematosus		

#### FAMILY HISTORY (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause Of Death
				Family history of Rheumatoid arthritis	N	
				Family history of Systemic lupus erythematosus	N	
				Family history of Stroke	N	
				Family history of Cancer, unknown	N	

#### SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is English.

#### SMOKING STATUS

Smoking status: Former smoker.

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
yes	Cigarette	Former smoker		6.00	

#### CESSATION

Type	Date Quit	Longest Tobacco Free	Cessation Method
Cigarette	01/01/2015		

**VITAL SIGNS**

Time	Ht(ft)	Ht(in)	Wt(lb)	BP mm/Hg	Pulse /min	Resp /min	Temp F	BMI kg/m2	HAQ	Pain Score
1:36 PM	6.0	2.25	307.20	156/86			98.80	39.17		

**PHYSICAL EXAM**

General: alert, appears stated age, no acute distress  
 Skin: Erythematous rash along the nose and cheeks involving the nasolabial folds  
 Hair: no alopecia  
 Eyes: PERRLA, EOMI, no scleral icterus  
 Mouth: moist mucus membranes, no oral lesions  
 Cardiac: regular rate and rhythm, no m/r/g  
 Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales  
 MSK: no joint swelling, tenderness, warmth or erythema  
 Neuro: CN 2-12 grossly intact, non-focal exam  
 Psych: appropriate mood and affect

**ASSESSMENT/PLAN**

#	Detail Type	Description
1.	Assessment	Oth organ or system involv in systemic lupus erythematosus (M32.19).
2.	Assessment	Other long term drug therapy (Z79.899).
3.	Assessment	Bipolar disorder, unspecified (F31.9).
4.	Assessment	Personal history of nicotine dependence (Z87.891).
5.	Assessment	Body mass index (BMI) 39.0-39.9, adult (Z68.39).
	Plan Orders	Today's instructions / counseling include(s) Lifestyle education regarding diet.

**Assessment Details:**

Nathaniel presents for further evaluation of systemic lupus erythematosus complicated by presumed CNS involvement. Since his diagnosis in 2007 he reports 3 major episodes of significant neurocognitive dysfunction manifesting as confusion, slurred speech, fatigue and memory loss. Reportedly his symptoms stabilize with the use of immunosuppression. His most recent episode occurred in October and has improved with the use of CellCept, currently at 1,000mg daily. He has remained on Plaquenil since his initial diagnosis but has not had an eye exam in several years.

I spent a great deal of time reviewing his outside records including his notes from UPMC. He does have a positive ANA, high titer, as well as a positive SSA and cardiolipin antibody. Although imaging of the brain including a recent MRI has been normal and labs including ribosomal P antibody, SPEP, markers of inflammation, etc. have been negative, I am suspicious for possible neuropsychiatric lupus. He appears to respond to CellCept and I recommend he remain on this medication. I would like to increase this to 1000 mg q.a.m. +500 mg q.p.m. and see if his symptoms improve. He is to continue Plaquenil 200 mg twice daily and was encouraged to schedule an eye exams to monitor for Plaquenil toxicity. Given his bipolar disorder I am hesitant to use prednisone, especially given his recent manic episode. He is to continue following regularly with his psychiatrist. I would like to check his lupus activity labs today and will see him back in 3 weeks.

**RENEWED MEDICATIONS:**

Medication	Instructions	Renewed
CellCept 500 mg tablet	take 2 Tablets QAM and 1 tablet QPM everyday.	01/19/2018

**INSTRUCTION(S)/EDUCATION:**

Lifestyle education regarding diet

Provider: Ashley L. Toci MD 01/19/2018 02:37 PM

**CC Providers:**

Dunlap, Nathaniel DOB: 06/09/1988

01/19/2018 02:00 PM

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Michael Denson MD  
13640 Steelcroft Pkwy Ste 300  
Charlotte, NC 28278-

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Electronically signed by Ashley L. Toci MD on 01/19/2018 02:38 PM